

FIG. 1

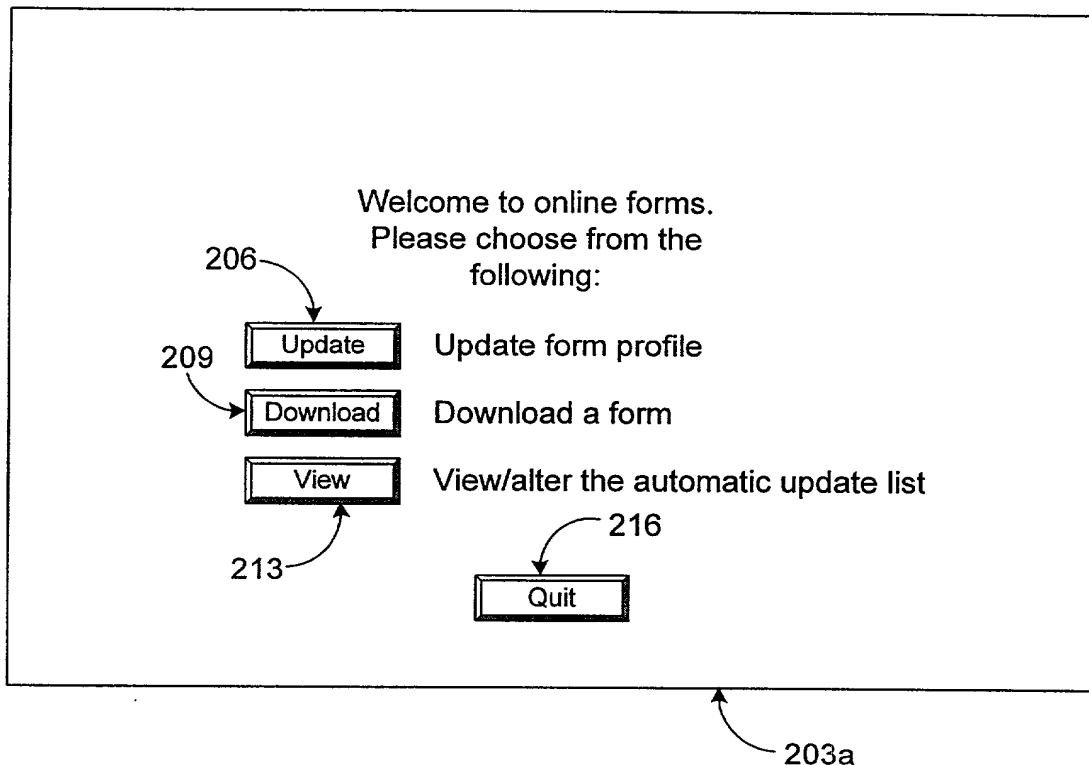


FIG. 2

Please enter or update your personal profile

Name: First M.I. Last 223

Address:

City: State:

Telephone No.:

Gender:

Medical Ins: 223

ID No.:

Group No.:

Ailments/Disease:

...

Emergency Medical History: 223

...

Return 226

173

203b

FIG. 3

Please indicate the type of form you wish to download:

233

Do you want to automatically update this form in the future when changes are made to your form profile? 236

☒ Yes
☐ No

If this form is to be automatically updated, please enter the destination network address to which updates are to be sent.

239

241

203c

FIG. 4

The following are entities that receive automatic updates of the indicated form. To delete an entry, click on the entry to highlight and then hit the "delete" key.

<u>Doctorlaura@physician.com</u>	Medical Form	<input type="button" value="Return"/> 243
<u>JoeBroker@brokerage.com</u>	Financial Form	
<u>JoeBanker@bank.com</u>	Financial Form	176
<u>postoffice@postoffice.com</u>	Address Form	
<u>subscription@newyorktimes.com</u>	Address Form	
<u>subscription@time.com</u>	Address Form	
<u>creditcard@card.com</u>	Address Form	
•	•	
•	•	
•	•	

203d

FIG. 5

ADDRESS TEMPLATE
FORM TYPE: Address
RELATIVE FIELDS: Name Address City State Zip Code Telephone Number

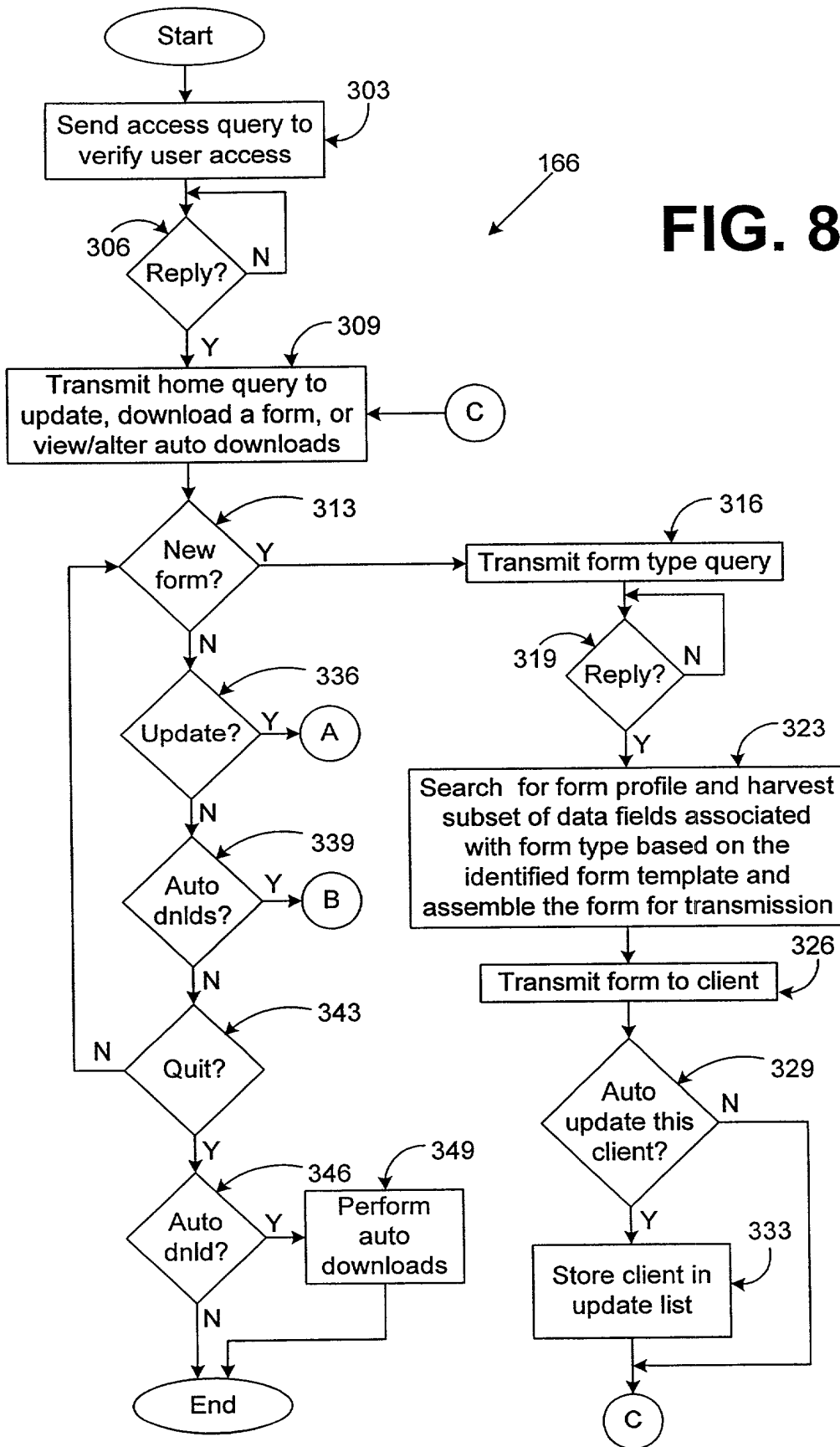
183a

FIG. 6

ADDRESS FORM
Name: John Doe
Address: 100 Sycamore Lane Boise, Idaho 12345
Telephone: (123) 456-7890

186a

FIG. 7



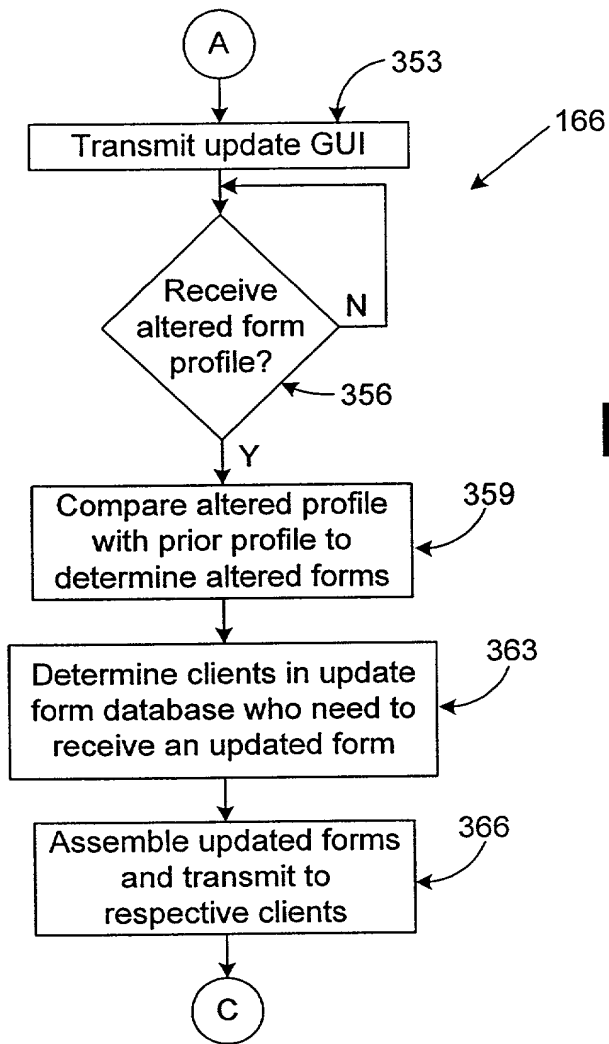


FIG. 9

FIG. 10

